



South Carolina Department of Insurance

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Columbia, South Carolina 29201

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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

CERTIFICATION OF COMPLETION OF PRELICENSING EDUCATION REQUIREMENTS

Name of Applicant: _____
Last First M.I. Jr., Sr.
Social Security Number: _____

SECTION I. COMPLETION OF PRELICENSING EDUCATION COURSE:

This is to certify that the above applicant has completed the hours of study required by the State for Prelicensing Insurance Education. The completed course is: (check appropriate space below):

- | | | |
|-------|----|--|
| _____ | 1. | 40 hours Approved Classroom Course |
| _____ | 2. | 40 hours Approved Supervised Correspondence Course |
| _____ | 3. | 12 hours Broker Classroom Course |
| _____ | 4. | 20 hours Bailbondsman Course |

Line(s) of Insurance: _____ Life, Accident & Health _____ Life _____ Accident & Health
_____ Property, Casualty, Surety & Marine _____ Property _____ Casualty
_____ Surety _____ Marine

School or Sponsoring Entity: _____
Course Name: _____ Edition: _____
South Carolina Course Approval Number: _____
Date Course Completed: _____

Signature of Instructor or Other Official

Name and Title (Typed or Printed)

SECTION II. WORK EXPERIENCE ALTERNATIVE (not applicable for Brokers or bailbondsman):

This will certify that the above applicant has within the past two years been employed by me, or my firm, for no less than one year in insurance marketing or underwriting for the lines of:

(Life, Accident and Health or Property, Casualty, Surety and Marine)

Description of duties performed: _____

Signature of Employer

Sworn to and before me this
_____ Day of _____, _____ (Year)

NAME: _____
ADDRESS: _____

TITLE: _____

Notary Public
Commission Expires: _____

This form must be submitted by the applicant along with the required paperwork.